The HNP PRSP Sourcebook
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Overview of the Presentation

- What is the HNP PRSP sourcebook?
- Where we end up
- Conceptual framework & stages of PRSP
- Assessing outcomes of the poor
- Understanding outcomes of the poor
- Endpoint—policy design, implementation, and M&E
What’s the HNP PRSP sourcebook?

- A framework—not a blueprint—for putting together a poverty-focused health policy
- Diagnostic tools & resources—not solutions
- Pointers for policy-making—covering the **What** questions, as well as the **How** questions
- An owner’s manual *and* a service manual—text plus annexes
- A tool for public expenditure analysts, system reformers, *and* service managers
HNP & the PRSP

- Adverse HNP outcomes are:
  - an important cause of income poverty
  - a dimension of multidimensional poverty

- Objectives of PRSP:
  - to assess HNP outcomes, especially amongst income poor;
  - to understand causes of low HNP outcomes amongst the poor, and
  - to design policies (a) to improve HNP outcomes amongst the poor and (b) to reduce the impoverishing effect of adverse HNP outcomes
## Where we end up …

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<thead>
<tr>
<th>Problem Area</th>
<th>Issues</th>
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<tbody>
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<td>• Reallocations to improve targeting and efficiency of expenditure</td>
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| Making the Health System Function Better | • Increasing effectiveness, quality, and outputs through improved system performance. Improving receptiveness of the system to poor and excluded populations | • Systemic reforms in incentives, contracting, ownership, insurance coverage, and coordination among partners  
• Pilot testing  
• Knowledge dissemination; training and communication about changes |
| Targeted Interventions that Work | • Implementable, business-like, focused interventions for the poor  
• Measurable and evaluated outcomes | • Projects and pilots in system context: targeted maternal and child health, nutrition, public health programs |
Poverty occurs at household and community levels. To find out why the system fails to reach the poor, need to look first at the household and community. **Listen** to voices of the poor, but some bottlenecks are systemic and require changes in ways of doing business regardless of the poverty performance.

- Prioritization is needed. Resources and capacity limited. No laundry lists.
Health outcomes
- Health & nutritional status; mortality

Households/Communities
- Household behaviors & risk factors
  - Use of public & private health services, dietary and sanitary practices, lifestyle, care & stimulation of children, etc.
- Household resources
  - Income, assets, land, education, etc.
- Community factors
  - Environment, culture, values, social capital, ecology, geography, etc.

Health system & related sectors
- Health service provision
  - Availability, accessibility, quality of health services; Input markets
- Health financing
  - Revenue collection, pooling and disbursement/purchasing
- Supply in related sectors
  - Availability, accessibility, prices & quality of food, energy, roads, water & sanitation, etc.

Government policies & actions
- Overall health sector strategy, priority-setting and resource allocation in public sector, monitoring & evaluation, advocacy, regulation
- Other govt. policies, e.g. infrastructure, transport, energy, agriculture, water & sanitation, etc.
## Determinants of Health Outcomes

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<th>Health system &amp; related sectors</th>
<th>Government policies &amp; actions</th>
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<tr>
<td></td>
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<td>Health service provision</td>
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<td>Health &amp; nutritional status; mortality</td>
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<td>Availability, accessibility, prices &amp; quality of food, energy, roads, water &amp; sanitation, etc.</td>
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<td>Household behaviors &amp; risk factors</td>
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<td>Use of public &amp; private health services, dietary and sanitary practices, lifestyle, care &amp; stimulation of children, etc.</td>
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<td>Household resources</td>
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<td>Income, assets, land, education, etc.</td>
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<td>Community factors</td>
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<td>environment, culture, values, social capital, ecology, geography, etc.</td>
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<td>Other govt. policies, e.g. infrastructure, transport, energy, agriculture, water &amp; sanitation, etc.</td>
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PRSP stages

1. **Assessing** health outcomes amongst the poor
2. **Understanding** outcomes amongst the poor
   - Assessing risk factors, health care use of the poor
   - Explaining risk factors, health service use of the poor
     - Household/community influences (income, knowledge, social capital, etc.)
     - Health system influences
       - Health service provision: What are the levels of availability, quality, etc., for the poor? Why?
       - Health financing: How do they influence affordability, and hence use of services and disposable income?
3. **Designing policy for the poor**
   - Overall health sector strategy, priority-setting and resource allocation in public sector, monitoring & evaluation, advocacy, regulation
Stage 1: Assessing health outcomes amongst the poor
Focus on outcomes, amongst the poor
HNP lifecycle & outcomes

Risks vary at different stages.

Each has corresponding outcome indicator.

Annexes outlining risks and outcome indicators, data availability.

HNP Poverty TG Information sheets. Data broken down across wealth quintiles—for 48 countries on key MCH outcomes, and risk factors, use of health services, etc.
Risks vary at different stages

Main risks of pregnancy and early life

**Pregnancy (mother)**
- Anaemia
- Eclampsia
- Unsafe abortion
- Ectopic pregnancy
- Maternal death

**Pregnancy (child)**
- Anaemia
- IUGR
- Malformations
- Foetal death

**Birth (mother)**
- Delivery complications
- Haemorrhage
- Maternal death

**Birth (child)**
- Low birth weight
- Stillbirth
- Preterm birth
- Birth trauma or death
- Congenital syphilis

**Early neonatal period (child)**
- Sepsis
- Asphyxia
- Failure to initiate breastfeeding
- Hypothermia

**Neonatal period**
- Infection
- Poor breastfeeding
- Neonatal death

**Infancy**
- Poor nutrition
- Poor growth and development
- Frequent illness
- Infant death

**Post-partum (maternal)**
- Sepsis
- Haemorrhage
- Maternal death
Outcome measures vary too

Main outcome measures of pregnancy and early life

- **Perinatal period**
  - *Perinatal mortality rate*

- **Neonatal period**
  - *Neonatal mortality rate*

- **Infancy**
  - *Anthropometry*
  - *Disease incidence rates*
  - *Infant mortality rate*

- **Pregnancy and birth**
  - *Unsafed abortion rate*
  - *Unwanted pregnancy rate*
  - *Maternal mortality rate*

- *Birth weight*
- *Stillbirth rate*
Stage 2: Understanding health outcomes amongst the poor
Determinants of Health Outcomes

Health outcomes
- Health & nutritional status; mortality

Households/Communities
- Household behaviors & risk factors
  - Use of public & private health services, dietary and sanitary practices, lifestyle, care & stimulation of children, etc.
- Household resources
  - Income, assets, land, education, etc.
- Community factors
  - Environment, culture, values, social capital, ecology, geography, etc.

Health system & related sectors
- Health service provision
  - Availability, accessibility, quality of health services; Input markets
- Health financing
  - Revenue collection, pooling and disbursement/purchasing
- Supply in related sectors
  - Availability, accessibility, prices & quality of food, energy, roads, water & sanitation, etc.

Government policies & actions
- Overall health sector strategy, priority-setting and resource allocation in public sector, monitoring & evaluation, advocacy, regulation
- Other govt. policies, e.g. infrastructure, transport, energy, agriculture, water & sanitation, etc.
HNP lifecycle: risk factors, interventions

Annexes summarize what’s known about health interventions, risk factors & behaviors for key risks.

Annexes point to data allowing the poor’s use of health services, risk factors, etc. to be assessed.

Annexes outline what’s known about training & resource requirements for delivering services, how to do good BCC, intersectoral issues, etc.
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<th>Area</th>
<th>Issues</th>
<th>Diagnostic tools</th>
<th>Policy angle</th>
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<tr>
<td>Household</td>
<td>Income, wealth, education, knowledge, gender bias</td>
<td>Household surveys; various statistical methods</td>
<td>Health finance; social protection; BCC and health education; advocacy for gender equality</td>
</tr>
<tr>
<td>Community</td>
<td>Physical factors, values &amp; culture, social capital</td>
<td>Community surveys, consultation exercises</td>
<td>Transport &amp; infrastructure; advocacy for changes in attitudes harmful to HNP outcomes; foster social capital</td>
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## Health provision: diagnostic tools

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<th>Examples of problem</th>
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<td>Low access to PHC, to community based activities</td>
<td>Consultation exercises; household surveys</td>
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<td>Shortages of drugs vaccines, trained staff</td>
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<td>Organizational quality</td>
<td>Inconvenient opening hours, lack of privacy</td>
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<td>Service Production</td>
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<td>Continuity</td>
<td>Weak linkages with community structures. Poor supervision</td>
<td>Consultation exercises</td>
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<tr>
<td>Technical Quality</td>
<td>Inefficacious services because of non respect of standards</td>
<td>Facility surveys</td>
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<td>No voice of the poor in delivery of services</td>
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<td>Allocative efficiency</td>
<td>Low funding to cost-effective PHC</td>
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<td>Low level of resources channeled to the poor</td>
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## Health provision: solutions

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<th>Examples of problem</th>
<th>Structural problems to explore</th>
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<td>Accessibility</td>
<td>Low access to PHC, to community based activities</td>
<td>“Mix”. Core Packages and areas of responsibility. Human Resources</td>
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<tr>
<td>Availability</td>
<td>Shortages of drugs vaccines, trained staff</td>
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<td>Human Resources. Community/civil society Participation</td>
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<td>“Mix”</td>
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<td>Community participation. Contracting</td>
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<td>Contracting. Pharmaceuticals. Human Resources. Stewardship</td>
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<td>Collecting revenues</td>
<td>Sustainability; balance between user fees and prepayment; fee waivers for the poor; making prepayments progressive</td>
<td>Overall revenue levels; financing mix; survey analysis of fee waivers; progressivity and poverty-impact analyses</td>
<td>Make financing sustainable; reduce emphasis on user fees and try fee waivers for poor; link prepayments to income via tax or social insurance</td>
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<tr>
<td>Fund pooling</td>
<td>Size, wealth &amp; diversity of risk pools; covering the poor for major risks</td>
<td>Analyses of pools—who is covered in each and for what; gaps in coverage</td>
<td>Merging pools—esp. groups with different risks and resources</td>
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<td>Purchasing</td>
<td>Using revenues to buy services for the poor</td>
<td>Benefit incidence</td>
<td>Needs-based geographical resource allocation mechanisms</td>
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Stage 3: Policy
## The layers of policy problems

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| Targeted Interventions that Work           | • Implementable, business-like, focused interventions for the poor     | • Projects and pilots in system context: targeted maternal and child health, nutrition, public health programs |
|                                            | • Measurable and evaluated outcomes                                   |                                                                                                   |
HNP lifecycle: risk factors, interventions

Health interventions are cumulative.

Prioritize interventions at several points to get sustained, high-impact health improvements.

Interventions in one generation brings benefits to successive generations.

Identify key risks for families and associated gaps in the health system, where interventions can break the cycle of poverty and ill health.
Resources for stages 1&2

- **Life cycle annexes.** One for each stage. Each to cover: key risks; corresponding outcome indicators, definition, measurement, and data availability; key medical interventions/proximate determinants/household behaviors/risk factors associated with each risk/outcome, and where data can be got on each; and the key policy issues specific to the area in question.

- **HNP Poverty Information Sheets.** Data—broken down across wealth quintiles—for 48 countries on key MCH outcomes, and risk factors, use of health services, etc.

- **Annexes on surveys.**
HNP indicators by poverty status

HNP Poverty TG Information Sheets
(48 Countries)

- Infant & under-five mortality rate
- % of children stunted & underweight
- % of children with diarrhea and ARI
- % of mothers with low Body Mass Index
- Total & Adolescent Fertility Rates
Interventions vary over lifecycle

Main interventions in pregnancy and early life

**Pregnancy, birth and perinatal period**
- Antenatal care
- Essential obstetric care
- Essential family planning
- Nutritional interventions
- Community mobilization for safer home births

**Neonatal period**
- Essential newborn care
- Breastfeeding counselling
- Immunization
- Management of illness

**Infancy**
- Breastfeeding counselling
- Nutrition interventions
- Management of illness
- Care for development
- Immunization
- Other preventive measures

- Birth
- 7 days
- 28 days
- 1 year
Key behaviors vary over lifecycle

Good practice for child health

- Health & nutrition services
  - immunization, bed nets, infection treatment
- Dietary & feeding practice
  - breastfeeding, complementary feeding >6 months
- Sanitary practices
  - hand washing, disposal of feces
- Care & stimulation of child
  - activities, interactions
- Maternal factors
HNP behaviors by poverty status

HNP Poverty TG Information Sheets
(48 Countries)

- Immunization rates amongst children aged 12-23 for measles, DPT and polio
- % of children with diarrhea receiving ORH
- % of children with ARI taken to medical facility
- % of births for which women received at least one antenatal consultation
- % of births attended by medically trained person
- % of married women using contraception
Deteriminants of behaviors for child health

- **Household resources**
  - income, education, intra-household inequalities, ...

- **Community factors**
  - environment & geography, culture and values, ...

- **Prices, quality & availability of public and nongovernmental health services**

- **Prices, quality and availability of other goods & services**
  - food, energy, water & sanitation services, transport
Establishing key determinants

- Focus groups & one-to-one interviews—e.g. El Salvador
- Simple tabulations from household surveys—e.g. India
- Regression analyses—e.g. Cebu
Governments

- Health & related services
  - Delivery
    - access & availability, quality, efficiency, stewardship, including making services more pro-poor
  - Financing
    - user fees, insurance—improving access for the poor and improving the distribution of the burden of financing insurance

- Beyond health services
  - Household resources, income and education, water & sanitation, food & agriculture, infrastructure—key is to enhance impact on HNP outcomes
Determinants of Child Health Outcomes

- **Government policies & actions**
  - HNP policies: e.g. financing and expenditure, provision, stewardship, inter-sectoral, evaluation & monitoring.
  - Other govt. policies, e.g. infrastructure, transport, energy, agriculture, water & sanitation, etc.

- **Public sector & markets**
  - Availability, prices & quality of public & non-govt health services
  - Availability, prices & quality of food, energy, roads, water & sanitation, education

- **Households/Communities**
  - Household behavior:
    - Use of public & private health services, dietary and sanitary practices, maternal factors, care & stimulation of child, etc.
  - Household resources:
    - Income, assets, land, education, etc.
  - Community factors:
    - environment, culture, values, ecology, geography, etc.

- **Child health outcomes**: Health and nutritional status; mortality
# Public Policy: Problems and Available Instruments

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<th>Instruments</th>
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<td>Public Expenditures –</td>
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<td>What Can You Do with $3-$5 Per Capita?</td>
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<td>Making the Health System Function</td>
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<td>Better</td>
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<tr>
<td>Targeted Interventions that Work</td>
<td>Govt. Coordination of Existing Initiatives (internal &amp; externally financed), M&amp;E, Projects</td>
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## Problems, Issues, Actions

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<td>Function Better</td>
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<td>Targeted Interventions that Work</td>
<td>Business-like, focused interventions for the poor, with measurable and evaluated outcomes</td>
<td>• Projects and Pilots in System Context: Targeted MCH, Nutrition, Public Health Programs</td>
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**Government policies & the determinants of HNP behaviors**

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<tr>
<th><strong>Determinants of HNP behaviors &amp; outcomes</strong></th>
<th><strong>Policies</strong></th>
<th>HNP expenditure allocations</th>
<th>Financing and Revenue</th>
<th>Provision and Service delivery</th>
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<td>Community &amp; social capital</td>
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Example for Expenditures

- **Availability and accessibility of HNP services**: Set clear priorities within budget constraints: (1) Public Health and Preventive Services; (2) Basic Clinic Services for Mothers and Children; Improving Risk Protection for the Poor. This entails, in practice, balancing spending on (a) specific public health/preventive interventions; (b) primary vs. other levels of care; and (c) improving access of poor to high cost services when in need.

- **Quality of HNP services**: Quality is determined by quantity and quality of labor, capital, equipment, and consumables. It is thus partially dependent on balanced expenditure decisions on (a) labor vs. equipment and consumables, (b) capital vs. recurrent expenditures, and (e) maintenance.

- **Price of HNP services**: Public expenditure decisions are joint with revenue decisions in the HNP system. User fees are a response to inadequate public funding. Provision must be made for full financing of services to be delivered without charge to consumers, which requires (a) priorities for public funding and (b) pricing of services to close expenditure gaps.

- **Household income**: Expenditures should include formula to provide additional subsidies for poorer areas and for poorer households for priority HNP services

- **Health-specific knowledge**: Core public health function of government requiring adequate financing

- **Gender inequality in control over resources**: Almost all basic health services involve mothers and children; women should be carefully consulted in the budgeting process.
Criticisms

- **Shop or Service Manual**
  - Conceptual, excess sophistication, especially on data
  - Short on practical assistance to produce an HNP chapter
  - Too Long

- **Missing**
  - Supply constraints
  - Various disease threats, especially for adults
Needed

- **Owner’s Manual**
  - Simple presentation of main issues
  - How to go about collecting and organizing the information
  - How to make the case simply for HNP

- **As always, authors must juggle**
  - More coverage needed
  - But make it simpler
And Your Views?